

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EPIDEMIOLOGY AND DISEASE CONTROL SERVICES  
SUBSTANTIVE POLICY STATEMENT # SP-058-PHS-EDC**

**HEALTH CARE INSTITUTION ADMINISTRATOR REPORTING**

The purpose of this substantive policy statement is to notify the public how the Department interprets the A.A.C. R9-6-202(B) and Table 1 reporting requirement for an administrator of a health care institution in which a case or suspect case of a communicable disease listed in Table 1 is diagnosed, treated, or detected or an occurrence listed in Table 1 is detected.

A.A.C. R9-6-202(B) states:

An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 1 is diagnosed, treated, or detected or an occurrence listed in Table 1 is detected shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).

A.A.C. R9-6-202(A) states:

A health care provider who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 1 or detects an occurrence listed in Table 1 shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).

Table 1 lists those diseases and occurrences for which reporting is required and provides time limitations for reporting for each.

The Department understands that in the context of a health care institution (HCI), A.A.C. R9-6-202 requires two distinct individuals to report each disease or occurrence diagnosed, treated, or detected at the HCI: the health care provider (HCP) who diagnoses, treats, or detects the reportable disease or occurrence and the administrator of the HCI in which that occurs. The Department is also aware that the administrator of a HCI often does not have actual knowledge of the diagnosis or treatment of a case or suspect case of a reportable disease or the detection of a reportable occurrence. Instead, the administrator of a HCI often relies upon the HCI's infection control personnel to complete the reporting required of the administrator. For those diseases for which there is a definitive diagnostic test, this can be done simply based upon clinical laboratory test results. This is more complicated, however, for those diseases or occurrences that are diagnosed or detected based upon a HCP's clinical judgment.

In the context of a HCI, the Department interprets the requirement for both an HCP and an HCI administrator to report a case, suspect case, or occurrence to mean that each reportable case, suspect case, or occurrence diagnosed, treated, or detected at the HCI needs to be reported to the

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local health agency at least once. To accomplish this, ADHS expects each HCI to have a system in place to ensure that each reportable case, suspect case, and occurrence diagnosed, treated, or detected in the HCI is reported at least once.

A.A.C. R9-6-202(A) and (B) allow for HCP and HCI administrator reporting to be done either personally or through a representative, so it is permissible for an HCI administrator to establish a policy and procedure explaining how the reporting requirements of both the HCI administrator and the HCP are to be satisfied through a single report. For example, a policy and procedure could require HCPs to report internally to HCI infection control personnel so that HCI infection control personnel can complete all reporting on behalf of the HCI administrator and the HCPs. This is the most commonly used procedure currently, and it carries the added benefit of ensuring that the HCI infection control personnel are aware of all reportable diagnoses made in the HCI. Alternatively, a policy and procedure could require HCPs who diagnose, treat, or detect reportable cases, suspect cases, or occurrences to report those on behalf of themselves and the HCI administrator. Another alternative would be for a policy and procedure to require HCPs who diagnose, treat, or detect reportable cases, suspect cases, or occurrences for which there are no definitive diagnostic tests to report those to the local health agency on behalf of themselves and the HCI administrator, but to require that all other reporting on behalf of the HCPs and the HCI administrator be done by HCI infection control personnel.

For those conditions for which a definitively diagnostic laboratory test does not exist, and diagnosis is made on the basis of clinical judgment, only the diagnosing HCP is in a position to make initial notification, whether to HCI infection control personnel or the local health agency. The Department does not expect an HCI administrator to have personal knowledge of every reportable case, suspect case, or occurrence at the HCI, but does expect an HCI administrator to make every effort to ensure that there is an effective system in place to ensure that cases, suspect cases, and occurrences are reported to the local health agency as required under A.A.C. R9-6-202 and Table 1 and to educate each HCP providing medical services in the HCI of the HCP's responsibilities under the rules and the HCI's reporting system.

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